MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/434 708

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1		1			
2		1		1		
3		1		1		
4	1					
5		6				
6		4				
7		2				
8	X					
9	X			1		
10		1				
11		1		1		
12		3				
13	X					
14	X					
15	X					
16	X					
17		4				
18	X					
19	2					
20	X					
21		3				
22	1					
23	X					
24	X					
25	1					
26	X					
27	X					
28	X					
29	X					
30	X					
31	1					
32	X					
33	X					
34	1					
35	X					
36	X					
37	X					
38	X					
39	X					
40	X					
41	X					
42	X					
43	X					
44	X					
45	X					
46	X					
47	X					
48	X					
49	X					
50	1			1		
TOTAL IND.						
TOTAL DEP.				4		
TOTAL CLAIMS			5			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53	1					
54	1					
55						
56						
57						
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59						
60		1				
61	1					
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99						
100						
TOTAL IND.	9					
TOTAL DEP.	16					
TOTAL CLAIMS	25					

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS